

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019875

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 46

FILED JUN 4 1962

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Green Township		c. CITY OR TOWN Camden Point	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 1/2 Miles S. E. of Camden Point, Mo.		d. STREET ADDRESS (If outside, give location) None	

3. NAME OF DECEASED (Type or print) First John Middle Benjamin Last Woodson			4. DATE OF DEATH Month May Day 20 , Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-8-1948	9. AGE (last birthday) 14	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and state or country) Kansas City, Mo.	
13a. FATHER'S NAME Charles B. Woodson		13b. MOTHER'S MAIDEN NAME Delilah Downing		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Charles B. Woodson Camden Point, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **ACCIDENTAL DROWNING**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **SWIMMING IN FARM POND**

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ACCIDENT
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) GREEN TWP. PLATTE Mo.	20f. CITY, TOWN, OR LOCATION GREEN TWP. PLATTE Mo.
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **APPROX. 2 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward M. Giffee, Coroner	22b. ADDRESS Platte City, Mo.	22c. DATE SIGNED 5-21-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-23-1962	23c. NAME OF CEMETERY OR CREMATORY East Slope Cemetery	23d. LOCATION (City, town, or county) (State) Riverside, Missouri
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24. FUNERAL DIRECTOR Tommy A. Rollins, Platte City, Mo.	25. DATE RECD. BY LOCAL REG. 5-23-1962	26. REGISTRAR'S SIGNATURE Aphia Rollins
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10830
20830

3

4 0

5 0

6

7 0

8 2

99291

10 3

11083

1291-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

JUN 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 5710

P. O. Address State City No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.